

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 12 | 2/9 |
| FORMALITY REVIEW | TN | 870 | 02-26-01 |
| RESPONSE FORMALITY REVIEW | gph | 1030 | 5-4-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 | 9/3/01 |
| 2 | 9/3/01 |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

C.C.
02-27-01